

**King County Board of Health
Secure Medicine Return SubCommittee
Meeting Minutes
July 24, 2012**

Membership:

Joe McDermott, SubCommittee Chair
David Baker, Suburban Cities Association
Richard Conlin, Seattle City Council
Bud Nicola, Health Professional
David Fleming, Director & Health Officer

Invited Guests:

Shirley Reitz, Group Health
Wing Lim "Billy" Chow, Bartell Drug
Chief Mark Toner, North Bend Police

Others:

JC Mills, KC Sheriff's Office
Linda Mach, Bartell Drug

Staff:

Jennifer Muhm, Public Health
Maria Wood, Board of Health Administrator
Margaret Shield, LHWMP
Anne Burkland, Chair's Personal Staff
Doreen Booth, SCA
Jerry DeGriek, Senior Policy Advisor to Mayor McGinn
Phyllis Shulman, Legislative Assistant to Councilmember Conlin
Erik Sund, Senior Legislative Analyst, KKC
Maureen Weisser, LHWMP

Introductions:

Orientation to the Subcommittee:

Chair McDermott: Chair McDermott opened the first meeting of the BOH Subcommittee on Secure Medicine and stated the names of the members: Chair McDermott, Richard Conlin, Mayor Baker, Bud Nicola, and Dr. Fleming. He confirmed calendars future meeting dates of August 16 and 29, and October 18, November 14, December 7 and asked members to check calendars for the locations changes. He also pointed out a message in the meeting packet from the newly formed King County Take Back You Meds Coalition from Lonnie Johns-Brown, who is serving as the leader of that organization, that organization has taken shape. With that, he turned over the meeting to Margaret Shield. Chair McDermott asked if there were any other remarks, opening comments, information anyone else would like to chime in.

Presentation Items:

Review Background Report and Pharmaceutical Product Stewardship Policy Comparison:

Margaret highlighted key issues involved with product stewardship to think about as they think about potentially developing legislation and issues specific to medicine take back policy.

Product stewardship a system shift from a government run program for recycling or disposal that is financed by taxpayers or rate payers to a private sector program that is provided by the product producer and financed by those producers and the consumer.

The producer has the greatest responsibility to minimize adverse impacts of their product in the product stewardship system but other stakeholders do have critical roles and those stakeholders include entities like distributors, retailers, governments and consumers.

Typically product stewardship legislation or policies try to accomplish a number of goals. One is, of course, to define the product that needs to be managed and also to define the product producers who are responsible for managing that product.

The Legislations typically define the standards and goals that the take back program needs to meet and define and to define the roles and responsibilities that the producers and other stakeholders have in that system with the key goal being to ensure a level playing field and fairness among all those entities as they work together. The legislation requires the product producers to submit a product stewardship plan to a government agency and it is then the role of the government agency to review that plan, determine whether it meets the standards that the legislation set forward, approve the plan, and then oversee the program as it is provided in the private sector by the product producers.

Margaret presented a policy comparison table looking at relevant policies that are representative of good product stewardship policies currently in existence: the proposed Washington State Legislation; Alameda County's proposed safe drug disposal ordinance; and a regulation that has been in existence for more than 14 years in British Columbia, discussed key issues and addressed questions of these policies by category in detail.

Margaret discussed and addressed questions regarding the various collection system programs:

- On-going drop off programs—and you will hear about those at pharmacies and law enforcement offices.
- Collections events—like what the DEA has been doing on specific days.
- There are some mail back programs—this could be a convenient way to reach the key populations, but it does tend to be more expensive.
- And then combinations of all of those.

Margaret then introduced the process introduced in Washington State, required elements that go into legislation and the critical role of the government agency for compliance—making sure that everyone's playing fairly, oversight of the program, make sure it's operating properly and safely and then enforcement, if there are any problems, have some system to levy some fines and penalties to get people into conformance.

Discussion Items:

Discussion with current King County providers of secure medicine return:

Chair McDermott introduced Billy Chow, Bartell Drug Company, and Chief Mark Toner, North Bend Police Department and invited them to discuss what works, what doesn't work, with the opportunity for them to answer questions from the committee members.

Wing Lim 'Billy' Chow, Pharmacy Professional Services Manager, Bartell Drug Company:

Billy Chow spent some time discussing the program in their 22 stores that are participating out of 58 in Western Washington. The stores were placed strategically for their patients' convenience where it made sense to do so.

The patient comes into the stores who are participating in these collection processes and they have these large metal receptacles that are placed in our stores, generally in the pharmacy waiting area. They are locked and the patient comes in with their collection of vials of medications that no longer are needed or required. The pharmacist or technician goes through the review of the medications because you cannot accept controlled substances. They do not accept any sharps or products that could potentially be a hazard to the person collecting and reviewing it. The products are transferred to the container and it is opened and then it's relocked again because you don't want people tampering and going inside. The patient steps out and you don't want any public access to it, so it's limited to who is gaining access and then as soon as that container is full, then the distribution center warehouse is notified within Bartell's. The box is sealed, tamper tape and it's kept in the lock area until the driver picks up the box. It is taken back to the warehouse monthly or quarterly. It depends on how much they have collected at the DC.

The Clean Harbors organization is contacted for pickup and removal. The process has not been a huge constraint, other than allocating space for it. The patient comes in, going through the few minutes of time to go through. He feels that is a great investment of time and resource in order to make sure that these medications that are no longer required have a proper strategy from most of our households' distribution.

Chair McDermott introduced Shirley Reitz, Director of Pharmacy Clinical Services, Group Health to discuss Group Health's program.

Shirley Reitz, PharmD, Associate Director of Pharmacy Clinical Services, Group Health Cooperative:

Shirley Reitz is the Director of Director of Pharmacy Clinical Services at GH. She got involved with the program in collaboration with a number of different agencies, including King County, Snohomish County, Public Health, and the Department of Ecology in 2006 when they decided they wanted to pilot it here in the State of Washington.

Group Health was, along with Bartell, part of pilot group that started out trying to figure out how to do this work in the State of Washington. From 2006 to 2008, they were involved in this pilot project. During that time, they did a really intensive look at the types of medications that were coming back, measuring how much was coming back, and spent a lot of time and energy developing the system, talking with a number of stakeholders, including our State Board of Pharmacy who worked very closely with the DEA, both local and national and a number of other groups to make sure we were doing this well.

Their policies, programs, and our processes were all approved and jointly implemented with our State Board of Pharmacy, which is their regulatory body. They put in 25 bins into our 25 clinics in the state of Washington. They had one clinic in Coeur d' Alene, Idaho at that time that they did not put a bin in because it was a different state, a whole different group of people to deal with, and they really wanted to concentrate on the State of Washington. It's a little different than the one that Bartell's has but it is the one that they minted early on in the process as we were developing this.

The pilot went for two years, end of 2006 to about the end of 2008. Since then Group Health, feeling that it was a very important public service program, decided to fund the program moving forward and have continued to fund it since then. They developed processes to really securely collect, they have a centralized screening, different from Bartell's. They let people come in, drop their medications into the bins located in the pharmacy waiting rooms and have very specific criteria that they work with the State Board of Pharmacy as to where those bins were placed. They are attached to the wall or to the floor, bolted to the wall or floor so they can't be picked up or moved. There are two locks on the front so that it would take two people to open and they have a process for managing the keys in the pharmacy so you need two technicians at one time to go out and pull that bucket out, again for security reasons and safety reasons. The bin is within visual line of site from the pharmacy windows so that it is not hidden around a corner or something where somebody couldn't see it. And there are also cameras in the waiting room, so it is collected with a camera pointed toward it. If anything untoward would happen, we would be able to identify that through easily.

There is a 5-gallon bucket inside of this metal container and when it is filled, the pharmacists have a process for opening, pulling out tag it, put into a secure container, paperwork is filled out and faxed back to our pharmacy warehouse, and then the filled containers are put into a secure transportation truck Group Health runs between Group Health facilities, taken back to our warehouse and where a pharmacist and a tech that do very high level screening. They open the buckets, dump them out, have a very non-high tech screening they use, they separate single pills because they go to a different kind of container for transportation across the state. They look for specific things because the Spokane Waste Energy incinerator has specifically asked for drugs they don't like because it turns smoke pink or something, so they want us to pull them out. That screening happens, it goes into this cardboard box, which is then sealed, evidentiary tape is put on it, dated, so that if anybody did open it, it would be very clear that that had been broken into. These are then securely kept in pharmacy warehouse under lock and key in cages until we again have a pharmacy transportation vehicle that goes over to Spokane on a regular basis to incinerator for incineration. Again, all by the paperwork trail that accounts for each of the buckets and each of these boxes that are then incinerated.

Since they opened their doors at the end of 2006, in these 25 clinics they have collected over 75,000 pounds of medicine for incineration, 12-15,000 pounds a year at this point in time.

Their processes are very different from Bartell's. They do not screen at the front window like Bartell's does. We take anything that comes into this bucket. They worked with the DEA and got approval from their Board of Pharmacy. They do not separate controlled substances.

Chair McDermott then asked Chief Toner to talk about North Bend's take-back program.

Chief Mark Toner, North Bend Police Department:

Mark: Two years ago, Leadership Eastside came to then and asked whether they could you do this. It took them about a month and a half to two months to set things up and get it rolling. Snoqualmie Police Department and North Bend joined in together. Sammamish Police was already doing it. They have five contract cities that are doing it now and it was an instant success. They have their boxes in their front office, similar to the others. They also participate in the twice a year drop day. They advertise through the city web page and made pamphlets and dropped them off at each of the pharmacies and the veterinarian and dental offices in North Bend, trying through word of mouth to inform the public of their program. They are averaging about 200 pounds a year. They are trying to make it as simple as possible, simply so we don't have to send anyone else. We have plastic bags at the counter, tell them to bring in their pills, and let them dump the pills in there and take their bottle with their private information on it, and recycle it. They do not take the time to separate pill bottles with just a couple pills in it because they want to be as efficient and as easy as possible, so they will drop their pills into the plastic bag. Their system is a little bit different than the rest of the cities and the one that Kenmore is going to be getting. When the container is full, they close the box and it's done. It's a 30-minute process, if that. They weigh it out to a tenth of ounce so that if anybody ever wants to do an audit, when they put it on that scale it is the same, and is the closest thing to itemizing each pill.

They have completely revamped the way we do evidence. We cannot accept heroin, cocaine, or Schedule 1 drugs. If somebody comes into his office and says, I took this heroine off my son, he can accept it and have it disposed of. They do get a lot of vitamins and also have a Sharpie pen there and so people can drop your whole pill bottle in there and cross their name off the bottle.

Sometimes he might package a 3-pound box and have nothing for three weeks and other times I might do 10-pound boxes in the same week. Periodically they will get people on street that will walk up to us and say, I've got these drugs, can I just give them to you now. Technically, they are not allowed to accept those because it provides an opportunity for them to be tainted as well as the chain of evidence. They don't ask the people to empty their pill bottles into a bag at home and bring a bag of pills because they would be committing a felony for transporting prescribed Schedule 2 medication not in its proper container—if you take grandpa's pills not in a proper container, that's a felony.

The subcommittee asked questions of the presenters and Chair McDermott thanked the guests for coming to share your perspective and invited them to stay and expressed appreciation not only what they are doing in the take-back programs jointly, but coming in to share their expertise and knowledge of running it with us as the subcommittee tries to inform themselves about what they are going to do.

Decision Items:

- Next Steps, agenda building for future meetings:

Chair McDermott listed what he thinks the next steps are and what needs to be addressed at future meetings, including:

- Presentation regarding environmental concerns and criminal justice concerns, what the public safety effects are of not having secure medicine thefts—making sure they are well informed.
- Invite newly formed Take Back Your Meds Coalition in to present their interest and concerns.
- Invite the industry PhRMA to present their interests and concerns. They presented to the Board of Health but it's important to make sure PhRMA is engaged in this process as well and understand their concerns and what they might bring to the table.
- Mayor Baker would like to see some estimate of cost. We heard from the Sheriff's office 2 FTEs, we heard from Group Health, \$30+ thousand, Bartell's \$15,000. He would like to understand the number of prescriptions roughly sold in the county and what the rough estimate of the cost would be per prescription. He has heard the figure 2 cents per prescription and would like to see if, given the number of prescriptions, down the road if those numbers are realistic, in order to prevent 30% cost increase that we heard from Bartell's, we need to account for that somehow.
- Dr. Fleming thinks it would be helpful to understand who the additional stakeholders (interests) are that are brought in when we go to over-the-counter medications. How many additional companies does that involve, because those companies are going to be companies like PhRMA there. Margaret commented that some of them are the same players because they are brand name.
- Dr. Fleming also feels it might be useful, by phone or in person, to have somebody from BC actually be available so we can ask questions and seek advice since they have been running for a while.

Dr. Fleming also asked about the feasibility of consideration in the county run program and whether drugs considered to be hazardous material have to go to Utah for incineration. Discussion ensued about the regulatory issues and language in the bill regarding exemptions, both federal level and state level, for residential sources of waste pharmaceuticals. The discussion included explanation of how medicines collected by a number of residential medicine take-back programs in Washington State, including Group Health's program and many law enforcement programs, are disposed at the Spokane Waste-To-Energy facility.

Chair McDermott asked for issues for future discussion, not actually engage in the conversation now:

- Anne asked about DEA regulations and timelines.
- Phyllis is interested in how to construct this so that we can communicate with adjacent and other regions so that places like Bartell's who are not only in King County, to keep communication in alignment so that we are creating a model and make policies that make it easier.

Next Meeting: Chair McDermott reminded subcommittee members of the August 16 meeting date and reminded members to watch their inbox for the location.